Data Transport System Access Request Form

Please use this form to request or remove access to the secure data transport system. Designated users will have access to batch upload or manually input, validate and/or certify student transcript data for schools or districts. Each district/school may elect to have multiple users if needed. This form provides a section to ADD a user and a section to REMOVE a user. Once the form is completed and the district's Authorized Representative has signed, you may either, mail it to OPI Measurement & Accountability Division, P.O. Box 202501, Helena, MT 59620-2501, fax to 406-444-1369 or e-mail to: opietranscripthelpdesk@mt.gov.

If you need to look up your LE number, SC Number or who your Authorized Representative is, go to the School Directory on the OPI Reporting Center under 'Public Reports': https://apps.opi.mt.gov/OPIReportingCenter/frmDefault.aspx?ReturnUrl=%2fopireportingcenter

Section 1: Request to ADD a user

USER INFORMATION REQUIRED:

Full Name: _____

Phone: _____ Email: _____

Please specify if District or School Level User and the Role of the User:

Step 1: Choose a Level (select one only)

☐ **District Level:** (gives access to all high schools within the district)

District Name: _____ LE Number: _____

OR

☐ **School Level:** (gives access to one specific high school only)

School Name: _____ SC Number: _____

Step 2: Choose a Role (select one only)

☐ **Administrator** (Access to all data transport functionality and roles, including entering/uploading student transcript data)

☐ **Transcript Certification** (Access to certify transcript data and view certified reports only)

☐ **Reports** (Access to view certification reports only)

If your IT personnel are interested in using Secure File Transfer Protocol (SFTP) to upload student transcript data please check here ☐ **and provide their contact information.**

Name: _____

Phone: _____ Email: _____

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Section 2: Request to REMOVE a user

USER INFORMATION REQUIRED:

Full Name: _____

Phone: _____   Email: _____

District / School Name: _____

Section 3: Authorized Representative signature required

Your authorized representative must sign below in order to process this form.

With my signature below, I certify the accuracy of the information submitted on this form.

_____

Printed Name of Authorized Representative

_____   _____

Signature of Authorized Representative   *Date*

Access Request Form Instruction Sheet

Overview:
The Data Transport System Access Request Form is required to give access to designated district and school users to input and validate student level data for the e-transcript Initiative project. The form is located on the OPI website>Reports & Data>K20>Authorization Packet>Access Request Form.   Link to form: http://opi.mt.gov/pdf/K20/AccessForm.pdf

Section 1: Request to add a user
Use this section to add a user to the system. If you only need to remove a user, leave this section blank.

Level and Roles:
Districts and schools may designate as many users as they would like. However, a user can only have one level and one role and it needs to be either at the district or school level, not both.

Step 1: Choose a Level
District level access allows the user access to all the high schools within the district. School level access allows the user access to only one specific high school. Please select only one level per user.

Step 2: Choose a Role
 There are 3 possible roles within each district and school. You can only select one role per user.
1- Administrator: This role allows the user access to all data transport functionality for that district/school. This includes uploading data, changing data, certifying data and running all reports.   If you check the administrator role, you do not need to select the transcript and reports roles also.
2- Transcript Certification: This role allows the user access to certify the transcript data and view the certification reports. This user cannot upload or change data.
3- Reports: This role allows the user access to only be able to view the reports. This user cannot upload, change or certify data.

Secure File Transfer Protocol (SFTP):
If your district is interested in using this feature, please provide contact information and an OPI representative will contact this person to set up this functionality. If you are not interested, please leave this section blank.

Section 2: Request to remove a user
Use this section to remove a user from the system that is no longer associated with your district/school and whose access to your student's data should be revoked. Please provide the phone and email we would have on file for this user. If you do not need to remove a user, leave this section blank.

Section 3: Authorized Representative signature required
This form must be signed and dated by your authorized representative in order to be processed.